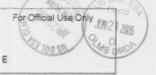
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 01954

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Fiscal Year Covered From:

| | 1 / 1 / 2004 Through: 12 / 31 / 2004 |
|--|--|
| Name and address of person filing. | Name, file number, and address of labor organization. |
| Name William Lee | Name UNITE HERE |
| | Labor Organization File Number 000-5.11 |
| P.O. Box, Bldg., Room No., if any 10th Floor | P.O. Box, Building and Room Number, if any 10th Floor |
| Street 275 Seventh Avenue | Street 275 Seventh Avenue |
| New York | City New York |
| State New York ZIP Code + 4 10001 | State New York ZIP Code + 4 10001 |
| Position in labor organization. Executive Vice Presiden | t / Special Assistant |
| nonetary value from an employer whose employees your organizati i. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| Name and address of Employer (including trade name, if any). Name | 7.a. Nature of interest, Transaction, of Income. |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| Street | 7.b. Amount. |
| City | |
| State ZIP Code + 4 | |
| Sign | ature |
| 15. Signature and verification. The undersigned declares, under penalty of | Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the |

Telephone Number

on 4/22/05 516-867-4689

| Name Amalgamated Bank Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 15 Union Square City New York State New York ZIP Code + 4 10003 | X a. Labor Organization b. Trust c. Employer |
|--|---|
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name Amalgaated Bank | Cost # of Shares Price Per Share |
| Trade Name, if any: | \$3,980 20 \$199 |
| | |
| P.O. Box, Bldg., Room No., if any | |
| Street 15 Union Square | 11.b. Approximate dollar value of such dealing. \$6,291 |
| City New York | 12.a. Nature of interest held or income received. |
| | \$29,000.00 in fees |
| | 12.b. Amount. \$29,472 |
| C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street | or other thing of value. 14.a. Nature of payment. |
| City | |
| State ZIP Code + 4 | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. |